

ASS. REC. BY:

REF: C17P1902120710g

Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): Al Healy

of 97837906

Date/Time: 20/11/19

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

R18A1748243

Insured:

at Workshop in/s

Tel:

of

Policy No:

Claim No:

R18A1748243

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction ( )	Estimate

6350F